



Express Mail Mailing Label No. EV470404970US

TRANSMITTAL FORM

Application Serial Number	09/960,227
Filing Date	September 20, 2001
First Named Inventor	Goodman
Group Art Unit	1763
Examiner Name	P. Hassanzadeh
Attorney Docket No.	ASX-055
Patent No.	Not applicable
Issue Date	Not applicable

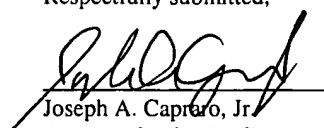
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
14th Floor
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
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SIGNATURE BLOCK

Respectfully submitted,

Date: August 26, 2004
Reg. No.: 36,471
Tel. No.: (617) 526-9800
Fax No.: (617) 526-9899
Joseph A. Capriero, Jr.
Attorney for the Applicant(s)
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One International Place
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FEE TRANSMITTAL
FY 2004

Complete if Known

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METHOD OF PAYMENT

1. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.

- ☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

3. ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
770	Utility filing fee	
340	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 86.00 =

☐ Multiple Dependent Claim(s), if any \$290.00 =

TOTAL: 208.00

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 208.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 22	- 20 = 2		x \$ 18.00 =	36.00
Indep. 5	- 3 = 2		x \$ 86.00 =	172.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =	208.00

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 208.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	
1480	740	Extension for reply within fourth month	
2010	1005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
770	385	Filing a submission after final rejection (37 CFR 1.129(a))	
770	385	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)		RCE Fee	770.00
Other fee (Specify)			

SUBTOTAL (3) (\$) 770.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 208.00

SUBTOTAL (3) 770.00

TOTAL (\$) 978.00

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